

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Dan Malloy For Governor</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	<b>Len</b>	<b>S</b>	<b>Miller</b>			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
<b>8 Kings Ln</b>		<b>Essex</b>		<b>CT</b>	<b>06426</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Governor</b>				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	<b>Dannel</b>	<b>P.</b>	<b>Malloy</b>			
9. TYPE OF REPORT						
<b>100% Declaration of Excess Receipts and Expenditures General Election - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>10/23/2010</b> thru <b>10/27/2010</b>						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Len Miller</b>		<b>10/28/2010</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Dan Malloy For Governor</b>		
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$367,766.97</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$192,746.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$58,489.41</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$8,502,757.57</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$0.00</b>	<b>\$8,753,992.98</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$367,766.97</b>	<b>\$8,753,992.98</b>
20. Expenses Paid by Committee (Section N)	<b>\$20,287.49</b>	<b>\$8,406,513.50</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$347,479.48</b>	<b>\$347,479.48</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$1,797.67</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$165.82</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$650.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$1,123.80</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$204,325.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$204,325.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b>

**B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution: Cash                      Personal Check Money Order            Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address	City	State	Zip Code	Date Received		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes      No Executive      Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes      No		
				Aggregate Contributions		
<b>Total of Section B</b>						
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor						
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes      If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy For Governor				
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

**D. Loans Received this Period**

Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
				Date Received		

**Total of Section D**

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Dan Malloy For Governor		
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Dan Malloy For Governor					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					



<b>I. Monetary Receipts (Section A-I)</b>
---

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

<b>G. Interest from Deposits in Authorized Accounts</b>
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Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code
<b>Total of Section G</b>		

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Dan Malloy For Governor			
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
Total of Section H			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Governor					
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

II. FUNDRAISING EVENT ACTIVITY					
NAME OF					FILING DUE DATE
COMMITTEE Dan Malloy For Governor					
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			Yes	No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor					Donation Given by:		Fair Market Value of Donation
					Individual	Business Entity	
Street Address	City			State	Zip Code	Aggregate value for this event	
Description of Donation				Date Received	Event #		

**Total of Section J3**

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor						
<b>K. In-Kind Contributions</b>						
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Individual Committee						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	
<b>Total of Section K</b>						

### III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Dan Malloy For Governor

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )

First Name

MI

Date Received

Amount of  
Deposit

Street Address

City

State

Zip Code

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Governor					
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A          B          C          D          E			
Total of Section M					

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	913		
41 Bennetts Bridge Rd	Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Sean Goulart					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	914		
47 Cooper Rd	Ridgefield	CT	06877-6103	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,807.86
Name of Payee					Date of Payment	Method of Payment	Amount
Barbara Gordon					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	915		
195 Woodpond Rd	West Hartford	CT	06107-3530	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$300.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Enovai, Inc.				10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>916</u> <input type="checkbox"/> Debit Card	
1131 Tolland Tpke Ste O	Manchester	CT	06042-1679	WEB		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$3,136.00

Name of Payee						Date of Payment	Method of Payment	Amount
Wanda Alzamora						10/25/2010	<input checked="" type="checkbox"/> Check #  917	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
47 Farmstead Ln		West Hartford	CT	06117-2013	CNSLT			
Description translate							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								\$250.00

Name of Payee				Date of Payment	Method of Payment	Amount
The Society Room				10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>918</u>	
31 Pratt St	Hartford	CT	06103-1631	FOOD	<input type="checkbox"/> Debit Card	
Description					Event # 11022010a	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>             Other Candidate(s) Name             <input type="text"/> </div> <div>             Office Sought             <input type="text"/> </div>						
						\$2,760.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Courier Car Rental					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>919</u>	<input type="checkbox"/> Debit Card	
1241 State Route 23	Wayne	NJ	07470-5828	TRVL			
Description						Event #	
2 vans for youth brigade							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$435.51
Name of Payee					Date of Payment	Method of Payment	Amount
SEIU 32BJ					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>920</u>	<input type="checkbox"/> Debit Card	
101 Avenue of the Americas Fl 22	New York	NY	10013-1941	CNSLT			
Description						Event #	
replacement chk for 761/lost in mail							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$4,334.06
Name of Payee					Date of Payment	Method of Payment	Amount
SEIU 32BJ					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>921</u>	<input type="checkbox"/> Debit Card	
101 Avenue of the Americas Fl 22	New York	NY	10013-1941	CNSLT			
Description						Event #	
for 10/25-11/5- two weeks for services of SEIU employee							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$4,334.06

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Len Miller					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	922	<input type="checkbox"/> Debit Card	
8 Kings Ln	Essex	CT	06426-1012	FOOD			
Description					Event #		
Pizza for Volunteers					10022010a		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$250.00
Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					10/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	923	<input type="checkbox"/> Debit Card	
1131 Tolland Tpke Ste O	Manchester	CT	06042-1679	A-WEB			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,680.00
Total of Section N						\$20,287.49	

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Dan Malloy For Governor								
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment		Is Reimbursement Claimed?  Yes No	Amount
Street Address			City		State	Zip Code		
Purpose of Expenditure	Description					Event #		
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

#### IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor						
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor SKD Knickerbocker				Date Incurred 10/27/2010		Event #
Street Address 1818 N St NW Ste 450			City Washington		State DC	Zip Code 20036-2473
Purpose of Expenditure  A-TV	Description					Amount Incurred (Estimate or Actual)
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name   </div> <div> Office Sought   </div> </div>						
						\$204,325.00
Total of Section Q						<b>\$204,325.00</b>



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Gordon, Barbara		Date of Payment 10/25/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee The Crown Market		Purpose of Expenditure FOOD		<input checked="" type="checkbox"/> Debit Card		
Street Address 2471 Albany Ave		City West Hartford		State CT		
Zip Code 06117-2593		Event #				
Description food for event						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$300.00

  

Name of Worker/Consultant Miller, Len		Date of Payment 10/25/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee George's Pizza		Purpose of Expenditure FOOD		<input checked="" type="checkbox"/> Debit Card		
Street Address 9 School St		City Unionville		State CT		
Zip Code 06085-1018		Event # 10022010a				
Description						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$250.00

  

<b>Total of Section R</b>						<b>\$550.00</b>
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IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy For Governor				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				